

Signature Bank

Business Profile and Account Application

This application allows you to open up to four accounts provided the account ownership is the same.

Section 1. Business Client Profile**Business Formation:**

☒ Corporation ☐ LP ☐ LLP ☐ LLC (Please enter tax classification: C= Corporation, S= S Corporation, P= Partnership)
☐ Partnership ☐ Unincorp. Association ☐ Solo Prop. ☐ Trust ☐ Other: _____

State: NY Date Est.: 5/6/15 * Publicly Traded: Exchange _____ Symbol _____ (or Parent Company's)

Account Title Crystal Real Estate Management, IncBusiness Address (cannot be P.O. Box) 534 9th AvenueRoom/Floor No. D3No. Of Years At Address >1 YRCity New YorkState New YorkZip 10018Telephone No. 917-579-0649

Fax No. _____

Primary Contact GINA HOMRelationship To Business
Vice President / SEC

Direct Phone Number _____

Direct Email Address _____

EIN/SSN No. [REDACTED]

Source of Initial Deposit: Signature Bank / management fees
 Source of Revenue: Signature Bank / management fee

Industry: ☐ Real Estate Owners☒ Real Estate - Third Party Mgmt☐ Intermediary/Business Managers☐ Law Firm☐ Accounting/CPA Firm☐ Not-for-profit☐ Financial Co. - Type of Financial Co.: _____☐ Precious Metals, Gems, Stones☐ Produce/Meats☐ Other: _____

Detail Description: ☐ Retail ☐ Wholesale ☐ Retail & Wholesale ☐ Services Industry ☐ Capital Raise ☒ Other: REAL ESTATE - THIRD PARTY MGMT

Provide a detailed description of the business including products and services offered:

Real Estate - Third Party ManagementList all foreign countries in which the client or its parent/subsidiary conducts business: ☒ N/A**Section 1(a). Taxpayer Identification Number Certification**

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION - FOR US BUSINESSES ONLY. FOREIGN BUSINESSES SHOULD NOT COMPLETE THIS SECTION, BUT MUST COMPLETE AND SIGN THE APPLICABLE W-8 FORM, WHICH IS W-8BEN, W-8ECI, W-8EXP, OR W-8IMY.

IF YOU ARE EXEMPT FROM FATCA REPORTING, PLEASE COMPLETE A W-9 2014 INSTEAD OF THIS TIN CERTIFICATION.

By signing below, I hereby certify under penalties of perjury that: (1) The EIN/SSN number shown on this form is my correct tax identification number. (2) I am not subject to backup withholding, because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (including a U.S. Resident Alien, Partnership, Corporation, Company, or Association organized in the US or under US law, a U.S. estate and domestic trust as defined in 26 CFR 301.7701-7). Certification instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and/or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Print Name GINA HOMAuthorized Signature [Signature]Date 6/23/15**Section 1(b). Signature Use Only - Attestation**

Client is: ☐ New/Walk-in ☐ Existing relationship 12 months or less ☒ Existing relationship greater than 12 months
☐ New/Referral (Referred by: _____) ☐ Other: _____

Chex Systems

☒ Completed☐ On File

Site Visit

☒ Completed☐ On File

OFAC

☒ Completed☐ On File

Telephone Verification

☒ Completed☐ On File

I.D.

☒ Attached☐ On FileDoes this account require prior approval before establishing? ☐ Yes ☒ No Reason: _____

By signing below, I acknowledge that the client has been given Signature's Business Account Agreements & Disclosures booklet and all information provided in this application, and in all other documents provided to Signature in connection with this application, is accurate and current.

Account Officer Name Suzanne KerraAccount Officer Signature [Signature]523
PCG6/24/15
Date

0215100

RM Number (bank use only):



**GOVERNMENT
EXHIBIT
141
19 Cr. 696 (PAE)**

Section 1(c). Signers/Beneficial Owners (Over 20%)

Note: Beneficial owners with a 20% or greater interest are required to be listed below.
A copy of a valid photo ID is required for all listed. All the names listed will be verified by Chex Systems.

1 Name **Jackeline Monzon** SS# [REDACTED] Date of Birth **5/23/73**
Check all that apply: ☐ Officer ☒ Signer ☒ Beneficial Owner ID # **190924 011** Exp. Date **5/23/23**
Title/Role **President** % Ownership **50** ID Type: ☒ Driver's License ☐ Non-Driver's License ☐ Passport ☐ Other _____
☒ US Citizen ☐ US Resident Alien ☐ Non-Resident Alien State or Country of ID Issuance **NY**
Home Address **584 9th Ave Apt C4 NY NY 10018**
Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☒ No
If yes, please specify:

Bank Use Only

RM Number

0199791**Bank Use Only**

Chex Systems

☒ Completed☐ On File

OFAC

☒ Completed☐ On File

ID

☒ Attached☐ On File2 Name **Gina Hom**

SS#

Date of Birth

11/8/62Check all that apply: ☐ Officer ☒ Signer ☒ Beneficial Owner

ID #

Exp. Date

11/8/17Title/Role **Vice-President / Sec** % Ownership **50**

ID Type:

☐ Driver's License☐ Non-Driver's License☐ Passport☐ Other _____☒ US Citizen☐ US Resident Alien☐ Non-Resident Alien

State or Country of ID Issuance

NY

Home Address

55-14 32 Ave Woodside NY 11377Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☒ No

If yes, please specify:

Bank Use Only

RM Number

0012059**Bank Use Only**

Chex Systems

☒ Completed☐ On File

OFAC

☒ Completed☐ On File

ID

☐ Attached☒ On File

3 Name

SS#

Date of Birth

Check all that apply: ☐ Officer ☐ Signer ☐ Beneficial Owner

ID #

Exp. Date

Title/Role

% Ownership

ID Type:

☐ Driver's License☐ Non-Driver's License☐ Passport☐ Other _____☐ US Citizen☐ US Resident Alien☐ Non-Resident Alien

State or Country of ID Issuance

Home Address

Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☐ No

If yes, please specify:

Bank Use Only

RM Number

Bank Use Only

Chex Systems

☐ Completed☐ On File

OFAC

☐ Completed☐ On File

ID

☐ Attached☐ On File

4 Name

SS#

Date of Birth

Check all that apply: ☐ Officer ☐ Signer ☐ Beneficial Owner

ID #

Exp. Date

Title/Role

% Ownership

ID Type:

☐ Driver's License☐ Non-Driver's License☐ Passport☐ Other _____☐ US Citizen☐ US Resident Alien☐ Non-Resident Alien

State or Country of ID Issuance

Home Address

Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☐ No

If yes, please specify:

Bank Use Only

RM Number

0215100**Bank Use Only**

Chex Systems

☐ Completed☐ On File

OFAC

☐ Completed☐ On File

ID

☐ Attached☐ On File

Signature Bank 2

FOIA Confidential Treatment Requested by Signature Bank

SDNY_001099

Signature Bank

Business Profile and Account Application

This application allows you to open up to four accounts provided the account ownership is the same.

Section 1. Business Client Profile

Business Formation:

☒ Corporation ☐ LP ☐ LLP ☐ LLC (Please enter tax classification: C= Corporation, S= S Corporation, P= Partnership)
☐ Partnership ☐ Unincorp. Association ☐ Sole Prop. ☐ Other: _____

State: NY Date Est.: 1982 Publicly Traded: Exchange _____ Symbol _____ (or Parent Company's)

Account Title 18 MERCER EQUITY INC., Crystal Real Estate Mgmt Inc., Agent

Business Address 18 MERCER STREET
 (cannot be P.O. Box)

Room/Floor No. _____

City NEW YORK

State NEW YORK

Zip 10013

Telephone No. 646-569-5574

Fax No. _____

Primary Contact
GINA HOM

Relationship To Business
 Authorized Signer

Direct Phone Number
646-574-5681

Direct Email Address GINA@CRYSTALRMI.COM

EIN/SSN No. 1 3 3 1 3 5 3 6 6 Source of Initial Deposit: Transfer from Co. Source of Revenue: Rents

Industry: ☐ Real Estate Owners ☐ Real Estate - Third Party Mgmt ☐ Intermediary/Business Managers ☐ Law Firm
☐ Accounting/CPA Firm ☐ Not-for-profit ☐ Financial Co. - Type of Financial Co.: _____
☐ Precious Metals, Gems, Stones ☐ Produce/Meats ☐ Other: _____

Detailed Description: ☐ Retail ☐ Wholesale ☐ Retail & Wholesale ☐ Services Industry ☐ Capital Raise ☐ Other: _____

Provide a detailed description of the business including products and services offered:

Real Estate Management Co. to manage the property located at 18 Mercer St

List all foreign countries in which the client or its parent/subsidiary conducts business: ☐ N/A

Section 1(a). Taxpayer Identification Number Certification

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION - FOR US BUSINESSES ONLY. FOREIGN BUSINESSES SHOULD NOT COMPLETE THIS SECTION, BUT MUST COMPLETE AND SIGN THE APPLICABLE W-8 FORM, WHICH IS W-8BEN, W-8ECI, W-8EXP, OR W-8IMY.

IF YOU ARE EXEMPT FROM FATCA REPORTING, PLEASE COMPLETE A W-9 2014 INSTEAD OF THIS TIN CERTIFICATION.

By signing below, I hereby certify under penalties of perjury that: (1) The EIN/SSN number shown on this form is my correct tax identification number, (2) I am not subject to backup withholding, because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (including a U.S. Resident Alien, Partnership, Corporation, Company, or Association organized in the US or under US law, a U.S. estate and domestic trust as defined in 26 CFR 301.7701-7). Certification instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and/or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Bonnie Soon-Osberger

Print Name


 Authorized Signature

11/20/2017
 Date

Section 1(b). Signature Use Only - Attestation

Client is: ☐ New/Walk-in ☐ Existing relationship 12 months or less ☒ Existing relationship greater than 12 months

☐ New/Referral (Referred by: _____) ☐ Other: _____

Chex Systems ☒ Completed ☐ On File Site Visit ☒ Completed ☐ On File
 OFAC ☒ Completed ☐ On File Telephone Verification ☒ Completed ☐ On File

Does this account require prior approval before establishing? ☐ Yes ☐ No Reason: _____

By signing below, I acknowledge that the client has been given Signature's Business Account Agreements & Disclosures booklet and all information provided in this application, and in all other documents provided to Signature in connection with this application, is accurate and current.

Suzanne Ferrara
 Account Officer Name


 Account Officer Signature

523
 PCG

11/28/17
 Date

RM Number (bank use only): 0 2 6 9 6 10 9 Signature Bank 3

FOIA Confidential Treatment Requested by Signature Bank



200203-0217

SDNY_001100

Note: Beneficial owners owning 20% or greater of a US formed business (10% or greater for non-US formed businesses) are required to be listed below. A copy of a valid photo ID is required for all listed. All the names listed will be verified by Chex Systems.

1	Name Jackeline Monzon	SS [REDACTED]	Date of Birth 5/23/73
	Check all that apply: <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Signer <input type="checkbox"/> Beneficial Owner	ID # 190926011	Exp. Date 5/23/23
	Title/Role Authorized Signor	% Ownership 0	ID Type: <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other
	<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Non-Resident Alien	State or Country of ID Issuance NY	
	Home Address 534 914 Ave 24, NY NY 10018		
	Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes, please specify:		
	Bank Use Only	Bank Use Only	
	RM Number 0199791	Chex Systems <input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File	Chex Systems <input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File
		OFAC <input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File	OFAC <input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File
		ID <input type="checkbox"/> Attached <input checked="" type="checkbox"/> On File	ID <input type="checkbox"/> Attached <input checked="" type="checkbox"/> On File
2	Name Gina Horn	SS [REDACTED]	Date of Birth 11/8/62
	Check all that apply: <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Signer <input type="checkbox"/> Beneficial Owner	ID # 460039597	Exp. Date 9/7/19
	Title/Role Authorized Signor	% Ownership 0	ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver's License <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Other
	<input checked="" type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Non-Resident Alien	State or Country of ID Issuance USA	
	Home Address 55-14 32 Ave Woodside NY 11377		
	Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes, please specify:		
	Bank Use Only	Bank Use Only	
	RM Number 0012059	Chex Systems <input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File	Chex Systems <input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File
		OFAC <input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File	OFAC <input type="checkbox"/> Completed <input checked="" type="checkbox"/> On File
		ID <input checked="" type="checkbox"/> Attached <input type="checkbox"/> On File	ID <input type="checkbox"/> Attached <input type="checkbox"/> On File
3	Name	SS#	Date of Birth
	Check all that apply: <input type="checkbox"/> Officer <input type="checkbox"/> Signer <input type="checkbox"/> Beneficial Owner	ID #	Exp. Date
	Title/Role	% Ownership	ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other
	<input type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Non-Resident Alien	State or Country of ID Issuance	
	Home Address		
	Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please specify:		
	Bank Use Only	Bank Use Only	
	RM Number	Chex Systems <input type="checkbox"/> Completed <input type="checkbox"/> On File	Chex Systems <input type="checkbox"/> Completed <input type="checkbox"/> On File
		OFAC <input type="checkbox"/> Completed <input type="checkbox"/> On File	OFAC <input type="checkbox"/> Completed <input type="checkbox"/> On File
		ID <input type="checkbox"/> Attached <input type="checkbox"/> On File	ID <input type="checkbox"/> Attached <input type="checkbox"/> On File
4	Name	SS#	Date of Birth
	Check all that apply: <input type="checkbox"/> Officer <input type="checkbox"/> Signer <input type="checkbox"/> Beneficial Owner	ID #	Exp. Date
	Title/Role	% Ownership	ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other
	<input type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Non-Resident Alien	State or Country of ID Issuance	
	Home Address		
	Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please specify:		
	Bank Use Only	Bank Use Only	
	RM Number	Chex Systems <input type="checkbox"/> Completed <input type="checkbox"/> On File	Chex Systems <input type="checkbox"/> Completed <input type="checkbox"/> On File
		OFAC <input type="checkbox"/> Completed <input type="checkbox"/> On File	OFAC <input type="checkbox"/> Completed <input type="checkbox"/> On File
		ID <input type="checkbox"/> Attached <input type="checkbox"/> On File	ID <input type="checkbox"/> Attached <input type="checkbox"/> On File

Signature Bank 4

FOIA Confidential Treatment Requested by Signature Bank

SDNY_001101

Section 2. Account Mailing Address

Account Mailing Address (complete only for alternate mailing address)

c/o Crystal Real Estate Management, Inc. 1441 Broadway, Suite 5047

City New York

State New York

Zip 10018

Section 2(a). Account Type



- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Signature Flat Fee | <input type="checkbox"/> Business Checking Escrow Account (Attorney) | <input type="checkbox"/> Monogram Escrow Account | <input type="checkbox"/> Monogram Money Market Funds Program* (Specify funds below) |
| <input checked="" type="checkbox"/> Monogram Business Checking | <input type="checkbox"/> Master/Sub-account | <input type="checkbox"/> 1031 Escrow | |
| <input type="checkbox"/> Signature Business NOW | <input type="checkbox"/> IOLA | <input type="checkbox"/> Attorney Escrow | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Monogram Business Insured Money Market | <input type="checkbox"/> Standalone | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Escrow Account (Non-Attorney) | | |
| | <input type="checkbox"/> Master/Sub-account | | |
| | <input type="checkbox"/> Standalone | | |

*The funds in the Monogram Money Market Funds Program are 1) not FDIC insured, 2) not deposits or other obligations of any bank or guaranteed by any bank, and 3) involve investment risks, including possible loss of principal amount invested. Although these funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in these funds.

Section 2(b). ATM Card/Debit Card Option Only available for businesses requiring single signing authority.☐ ATM card requested. ☐ Debit card requested (If neither box is selected, no card will be issued)

List all names to receive a card: _____

Is international ATM activity anticipated? ☐ Yes ☐ No If yes, please state where _____**Section 3. Agreements & Acknowledgements** Client initial in box(es) below.

<p> SIGNATURE BANK ACCOUNTS</p> <p>By initialing this subsection and signing under Authorized Signers, I assert that I have received, read and agree to the Business Bank Deposit Account Agreement, Business ATM Card and Debit Card Agreement, Business Account Fee Schedule, Funds Transfer Agreement, Funds Availability Disclosure and when applicable, the Internet Banking Terms and Conditions and the Mobile Banking Terms and Conditions.</p>	<p> MONOGRAM MONEY MARKET FUNDS PROGRAM</p> <p>By initialing this subsection and signing under Authorized Signers, I assert that I have received, read, and agree to the Monogram Money Market Funds Program For Business Customer Agreement and the prospectus for each Fund selected and I agree to be bound by their respective terms. I request that the Bank, acting as my agent, purchase and redeem shares in the Funds indicated on this application on my behalf in accordance with the above Agreement and I acknowledge that such direction may be in the form of telephone instructions from me.</p> <p>The funds in the Monogram Money Market Funds Program:</p> <ul style="list-style-type: none"> • are NOT FDIC insured, • are NOT deposits or other obligations of any bank or guaranteed by any bank, and • involve investment risks, including possible loss of principal amount invested. <p>Although these funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in these funds.</p>
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200204-0217

Section 3(a). Agreements & Acknowledgements

AUTHORIZED SIGNERS (SIGNATURE CARD): I certify that on behalf of the applicant I have correctly and truthfully completed this application and have received, read, and agree to the above material, acknowledgements and all applicable agreements in the Signature Business Account Agreements and Disclosures Booklet.

Account Title **18 MERCER EQUITY INC.** Crystal Real Estate Management Inc. Agent

1. Print Name JACKELINE MONZON	Signature 	Title Authorized Signor	Date 11/22/17
2. Print Name GINA HOM	Signature 	Title Authorized Signor	Date 11/22/17
3. Print Name	Signature	Title	Date
4. Print Name	Signature	Title	Date

SIGNING AUTHORITY AGREEMENT

I certify that (i) the individuals who have signed above as Authorized Signers are authorized by the applicant to sign this application and have signing authority on the accounts opened pursuant to this application, (ii) the above signatures and titles are those Authorized Signers' signatures and titles with the applicant and (iii) the Authorized Signers are authorized by the applicant to act on the applicant's accounts when signing.

☒ individually or ☐ in the following manner: _____

Note: While the Bank will make reasonable effort to comply with a requirement that more than one Authorized Signer sign on a transaction, the Bank assumes no responsibility for any transaction that is honored that contains the signature of just one Authorized Signer.

SIGN HERE: 

Must be signed by: Secretary if Corporation or Association; Manager or Managing Member if LLC; General Partner if Partnership, Limited Partnership or LLP; or Owner if Sole proprietorship.

Section 4. Signature Employee Use Only

Signature Bank/Monogram Money Market Funds Program Account(s)

1502968293

Purpose of Account:
☒ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☐ Other (specify) _____

1502968307

Purpose of Account:
☐ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☒ Other (specify) **SAVINGS**

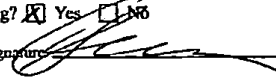
Purpose of Account:
☐ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☐ Other (specify) _____

Purpose of Account:
☐ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☐ Other (specify) _____

Notes: _____

Were all Client signatures verified? ☒ Yes ☐ No Was Client present at account opening? ☒ Yes ☐ No

Account Officer Name **Suzanne Ferraro**
 PCG # **523**

Account Officer Signature 

(By signing above, I acknowledge that the client has been given Signature's Business Account Agreements & Disclosures booklet and all information provided in this application, and in all other documents provided to Signature in connection with this application, is accurate and current.)

SDNY 001104

- when signing: ☒ individually ☐ by any _____ of them are authorized to do any of the following on behalf of the Corporation:
- (Any authority that requires more than one authorized signer to sign, or any other restriction, is subject to the terms set forth in Paragraph 5)*

5. (Applicable to Corporations requiring more than one authorized signer to sign or any other restriction.) That the Corporation acknowledges that any signing authority requiring more than one authorized signer to sign, or any other restriction, is a statement of its own internal policy and not a service offered by the Bank. That the Corporation agrees that, while the Bank will make a reasonable effort to comply with this limitation, the Bank assumes no responsibility for the payment of a check, draft, or other item drawn on any Corporation account or for any withdrawal from any such account which is honored and does not adhere to the internal policy of the Corporation designated above in paragraph 2. That the Corporation further agrees to rely solely upon the designated signers to comply with its internal policy and will control the designated signers' access to checks, drafts, or other items drawn on any Corporation account in order to ensure that those items will be signed in accordance with the Corporation's internal policy.

6. That this Corporation ratifies and confirms any and all transactions with the Bank made prior to the date of this Resolution.

7. That the Corporation agrees to release, defend and hold the Bank harmless from any and all claims, actions, causes of action, complaints, demands, liabilities and obligations (including legal and all other expenses) made against or suffered by the Bank as result of the Bank accepting and acting on a document signed by or a transaction initiated, conducted, approved or confirmed, whether in writing, orally or through an electronic medium, by one of the above authorized signers or by a person authorized to do so by an authorized signer in accordance with this Resolution.

8. That the Corporation agrees to be bound by the Signature Business Account Agreements and Disclosures as well as any other agreements and disclosures, such as, but not limited to, funds transfer application and internet banking terms and conditions, if applicable, delivered or made available to the Corporation from the Bank and by all notices posted at the office of the Bank at which the account(s) of the Corporation are maintained.

9. That the Bank (and any interested third party) may rely upon the authority conferred by this Resolution until such time that this Resolution shall have been revoked or modified by a subsequent resolution of the Board of Directors of this Corporation and until a copy of such subsequent resolution has been received by the Bank, and the Bank has had a reasonable opportunity to act.

I further certify that the authorized signers whose name(s) appear below are the authorized signers designated by the aforementioned resolutions and that the designated authorized signers now legally hold the offices (if applicable) which appear next to their names.

<u>Title</u>	<u>Name</u>
Authorized Signor	Jackeline Monzon
Authorized Signor	Gina Hom

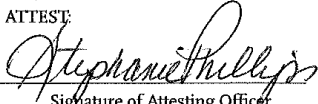
IN WITNESS WHEREOF, I have this 20 day of November, 2017, subscribed my name and affixed the seal of the Corporation.



 Signature of Secretary (or Secretary/President if sole Officer)

Bonnie Soon-Osberger

 Name of Secretary (or Secretary/President if sole Officer)

ATTEST:


 Signature of Attesting Officer

Stephanie Phillip

 Name of Attesting Officer

Board President

 Title of Attesting Officer

 Affix Corporate Seal

In Lieu of ATTEST: (Sole Officer Corporations only)

If the Corporation has one or more shareholders and only one officer, then instead of an attesting officer, a shareholder should sign the following:

I certify that _____ is the Secretary and President of the above Corporation.

 Signature of Shareholder Name of Shareholder Date

FOR INTERNAL USE ONLY	
RM # (required)	<u>0269669</u>
<input type="checkbox"/> Check this box only if signing authority is specific to the account numbers listed in paragraph 3 above, otherwise list Relationship Number only.	